MARYLAND STATE DEPARTMENT OF HEALTH

07836

7839 CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16A

1. PLACE OF DEATH: COUNTY St Mary's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Leonardtown — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY 47x-3
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington D.C.
STREET ADDRESS (If rural, give location) 922 C St. S.W.

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Daisy	Ann	Beach	8	13	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	Married	4-7-1892	62 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Housewife		Maryland	U.S.A.

13. FATHER'S NAME: Leo Vallandingham

14. MOTHER'S MAIDEN NAME: Frances Bailey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Ira L. Beach 922 C St. S.W. Washington D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

260X

Immediate cause (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Arterio sclerosis with hypertension
(c) Diabetes mellitus

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Roy Gunther, M.D.		Mechanicsville Md	8/17/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	8-16-54	Cedar Hill	Suitland	Md

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/13/54	Glenn L. Howe	Robert A. Mattingly	131-11th St. S.E. Washington D.C.

RECEIVED
AUG 16 1954
BUREAU V. S.

07837

MARYLAND STATE DEPARTMENT OF HEALTH

7840 CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 282

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY St Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown X
LENGTH OF STAY (In this place), 45 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Va COUNTY Louisa
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 83 X-3
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Lucion (Middle) E (Last) Brooks
4. DATE OF DEATH (Month) Aug (Day) 28 (Year) 1954
5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH Sept 28-1911
9. AGE last birthday 42 yrs. If under 1 year Months 11 Days — If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor by the day
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Va
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME William Brooks
14. MOTHER'S MAIDEN NAME Lucy Pendleton
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 579-05-4458
17. INFORMANT AND ADDRESS Alice Johnson, Louisa Va

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

812X

Immediate cause (a) Intracranial hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) multiple fractures, rt leg, left arm and ribs,

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE) 18
TIME OF INJURY (Month) Aug (Day) 28 (Year) 1954 (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Automobile accident Victim struck by auto.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE J Roy Guyther, M.D. (Degree or title) ADDRESS Mechanicsville, Md DATE SIGNED 8/28/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug 31-54
NAME OF CEMETERY OR CREMATORY Farmley cemetery
LOCATION (City, town, or county) Louisa (State) Va

DATE REC'D BY LOCAL REG. 8/28/54
REGISTRAR'S SIGNATURE Alan L. House
24. FUNERAL DIRECTOR Jos C. Mattingley ADDRESS Leonardtown Md

RECEIVED
AUG 31 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07838

7841 CERTIFICATE OF DEATH

Reg. Dist. No. 28-20

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY St. Mary's — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Mary's; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural 6 Charlotte Hall; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Ruth (Middle) Velma (Last) Burch

4. DATE OF DEATH: (Month) Aug. (Day) 2 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 17 1919

9. AGE Last birthday: 34 yrs. IF UNDER 1 YEAR: Months 10 Days 17 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Louis W. Davis

14. MOTHER'S MAIDEN NAME: Frances R. Newton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) —; (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: James L. Burch 6 Charlotte Hall, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

672X

Immediate cause (a) Hypoprothrombinemia — Interval Between Onset and Death 2 hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Post partum Hemorrhage.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1951., to 8/2, 1954, that I last saw the deceased alive on 8/2, 1954 and that death occurred at 12:45 P.m. from the causes and on the date stated above.

SIGNATURE Joseph E. Gill, M.D. (Degree or title) ADDRESS Leonardtown, Md. DATE SIGNED 8/3/54.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF 8-5-54; NAME OF CEMETERY OR CREMATORY St. John's; LOCATION (City, town, or county) Hollywood (State) Md.

DATE REC'D BY LOCAL REGISTRAR 8/4/54; REGISTRAR'S SIGNATURE Glenn D. Dame; 24. FUNERAL DIRECTOR Jos. C. Mattingley; ADDRESS Leonardtown, Md.

Copy to Dr. W. 8/6/54

RECEIVED
AUG 5 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07839

7842 CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH: COUNTY St Mary's; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Mechanicsville; MARYLAND LENGTH OF STAY (In this place) 33 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Mary's; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Mechanicsville; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) Stanley (Last) Burroughs

4. DATE OF DEATH: (Month) Aug (Day) 24 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 28, 1890

9. AGE Last birthday: 63 yrs. IF UNDER 1 YEAR: Months 11 Days 27; IF UNDER 24 HRS.: Hours ___ Min. ___

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.a.

13. FATHER'S NAME: Webster Burroughs

14. MOTHER'S MAIDEN NAME: Ellie Barber

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ___ (If Yes, give war or dates of service) ___

16. SOCIAL SECURITY NO.: 220-32-7317

17. INFORMANT & ADDRESS: Benjamin Burroughs Mechanicsville, Md.

18. MEDICAL CERTIFICATION

		Interval between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
42.21 Immediate cause	(a) Cerebral thrombosis embolism	immediate
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Arteriosclerotic cardiovascular dis.	10 yrs
	DUE TO (c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Auricular fibrillation Prev. embolic episodes	

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1948, to Aug 24, 1954, that I last saw the deceased alive on Aug 17, 1954, and that death occurred at 2:00 PM, from the causes and on the date stated above.

SIGNATURE Hayden Tyler, M.D. (Degree or title) ADDRESS Mechanicsville Md DATE SIGNED 8/24/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF Aug 27, 1954; NAME OF CEMETERY OR CREMATORY Christ Church; LOCATION (City, town, or county) (State) Chaptico, Md.

DATE REC'D BY LOCAL REGISTRAR 8/26/54; REGISTRAR'S SIGNATURE Alan D. Howe

24. FUNERAL DIRECTOR Jos. C. Mattingley ADDRESS Leonardtown, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 30 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07840

7843 **CERTIFICATE OF DEATH** Reg. Dist. No.

1. PLACE OF DEATH:
COUNTY St. Mary's MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Leonardtown X
LENGTH OF STAY (In this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Charles
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural New Port
STREET ADDRESS (If rural give location) 08X-2

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) M (Last) Ching

4. DATE OF DEATH: (Month) 8 (Day) 15 (Year) 1954

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: 11-5-1886
9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Garrett Ching
14. MOTHER'S MAIDEN NAME: Harriet Swann

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Harriet S Ching New Port, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

142.1

Immediate cause (a) Carcinoma - mixed cell tumor

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) of parotid — 2 yrs

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1954, to Aug 15, 1954, that I last saw the deceased alive on Aug 14, 1954, and that death occurred at 6:45 AM, from the causes and on the date stated above.

SIGNATURE J Roy Guyther, M.D. (Degree or title) ADDRESS Mechanicsville, Md DATE SIGNED Aug. 15, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Buried
DATE THEREOF 8-18-54
NAME OF CEMETERY OR CREMATORY Trinity
LOCATION (City, town, or county) New Port (State) Md

DATE REC'D BY LOCAL REGISTRAR 8-17-54
REGISTRAR'S SIGNATURE Alan D. Houser, M.D. /a
24. FUNERAL DIRECTOR Hunt + Ryon Waldorf ADDRESS Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 23 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07841

CERTIFICATE OF DEATH

Reg. Dist. No. 281

7844

1 PLACE OF DEATH: COUNTY St. Marys MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Patuxent River
LENGTH OF STAY (in this place) ---
HOSPITAL OR INSTITUTION OR STREET ADDRESS Infirmary, U. S. Naval Air Station, Patuxent River, Md.

2 USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St. Marys
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Park Hall
STREET ADDRESS (If rural give location) ----

3. NAME OF DECEASED (Type or Print): (First) Theodore (Middle) John (Last) CIOPPA, Jr.

4. DATE OF DEATH: (Month) August (Day) 1, (Year) 1954

5. SEX: M

6. COLOR OR RACE: Cauc.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): S

8. DATE OF BIRTH: July 31, 1954

9. AGE last birthday: 0 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours 24 Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): USNAS, Patuxent River, Md.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: CIOPPA, Theodore John, Sr.

14. MOTHER'S MAIDEN NAME: LILLY, Virginia Mae

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. ----

17. INFORMANT & ADDRESS: Theodore John CIOPPA, Sr. Park Hall, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Respiratory failure

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Abruptio Placentae at 6 months gestation — INTERVAL BETWEEN ONSET AND DEATH: 24 hours

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 31, 1954 to August 1, 1954, that I last saw the deceased alive on August 1, 1954., and that death occurred at one A M, from the causes and on the date stated above.

SIGNATURE L. F. HERRMANN, CDR MC USN — ADDRESS M. D. INF, NAS PAX RIV MD. — DATE SIGNED 2 August 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: 2 August 1954 — NAME OF CEMETERY OR CREMATORY: Ebenezer Cemetery — LOCATION (City, town, or county) (State): Great Mills, Maryland

DATE REC'D BY LOCAL REGISTRAR: 8-2-1954 — REGISTRAR'S SIGNATURE: [illegible] M.D. Local — 24. FUNERAL DIRECTOR: Theodore John Cioppa — ADDRESS: Patuxent River, Md.

VS. A15 — 10 - 5

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 3 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07842

7845 CERTIFICATE OF DEATH

Reg. Dist. No. 28/

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH.
COUNTY St. Mary's MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lexington Park
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Lexington Park Hotel

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Texas COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mineola
STREET ADDRESS (If rural give location) Route #1, Box 91

3. NAME OF DECEASED: (Type or Print) (First) Johnny (Middle) Lee (Last) COOKE
4. DATE OF DEATH: (Month) August (Day) 30 (Year) 19 54
5. SEX: M
6. COLOR OR RACE: Cauc.
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Dep.
8. DATE OF BIRTH: April 9, 1954
9. AGE last birthday yrs. IF UNDER 1 YEAR Months 4 Days; IF UNDER 24 HRS Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY: -----
11. BIRTHPLACE (State or foreign country): Argentia
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME: COOKE, Harry Curtis
14. MOTHER'S MAIDEN NAME: DAKINS, Mary (n)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. -----
17. INFORMANT & ADDRESS: Harry Curtis Cooke, Route #1, Box 91, Mineola, Texas

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Suffocation — INTERVAL BETWEEN ONSET AND DEATH: Unk.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Pulmonary Pneumonia — Unk.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work [ ] Not while at work [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from . . . . , 19... , to , 19 ... , that I last saw the deceased alive on . . . . . 19 . , and that death occurred at 5:30 A.M., from the causes and on the date stated above.

SIGNATURE S. Cassara
S. CASSARA, LT MC USNR
ADDRESS M. D. USNAS, Patuxent River, Md.
DATE SIGNED 8-30-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) removal
DATE THEREOF 8-31-54
NAME OF CEMETERY OR CREMATORY Bethesda for autopsy
LOCATION (City, town, or county) Bethesda (State) Md.

DATE REC'D BY LOCAL REGISTRAR 8-31-54
REGISTRAR'S SIGNATURE P. K. Cramer M.D. Local Registrar
24. FUNERAL DIRECTOR U. S. Navy
ADDRESS Patuxent River

VS. A16—10-55

7846 **MARYLAND STATE DEPARTMENT OF HEALTH** 07843

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH — COUNTY: St Mary's — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Pennsylvania — COUNTY: Phila.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Leonardtown — LENGTH OF STAY (in this place): 3 months	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Philadelphia
HOSPITAL OR INSTITUTION OR STREET ADDRESS: St Mary's Hospital	STREET ADDRESS (If rural give location): 4303 North 16th St

3. NAME OF DECEASED (Type or Print)	(First) Samuel	(Middle) Carl	(Last) Griffin	4. DATE OF DEATH	(Month) 8 (Day) 28 (Year) 1954
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: May 1, 1893	9. AGE (at birthday): 61 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME: Samuel C. Griffin	14. MOTHER'S MAIDEN NAME: Not known				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If year, give war or dates of service) —	16. SOCIAL SECURITY NO.: 1119-05-3954	17. INFORMANT: Virginia L. Cwikla Colton Point Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Heart Failure	7/19/54
Antecedent cause(s)	(b) Chron. Myocarditis & Myocardial Degeneration	Several years.
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Pulmonary Infarct	7/19/54
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Chronic Nephritis with Uremia	Several months

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/26, 1954, to 8/28, 1954, that I last saw the deceased alive on 8/27, 1954, and that death occurred at 6:30 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Robert T. Fuchs	M.D.	Leonardtown, Md.	8/28/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: Sept. 1, 1954	NAME OF CEMETERY OR CREMATORY: Holy Conception	LOCATION (City, town, or county) (State): Philadelphia, Penna.
DATE REC'D BY LOCAL REG.: 8/28/54	REGISTRAR'S SIGNATURE: Alan D. Hanson	FUNERAL DIRECTOR: Jos. C. Mattingley	ADDRESS: Leonardtown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 3 [illegible]
BUREAU V. S.

07844

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7847 CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH:
COUNTY Saint Mary's MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Leonardtown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Saint Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St. Mary's
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bushwood
STREET ADDRESS (If rural give location) Rural

3. NAME OF DECEASED: (Type or Print) (First) Lillian (Middle) Mattingly (Last) Johnson

4. DATE OF DEATH: (Month) Aug. (Day) 23 (Year) 1954

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH: August 25, 1884
9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Washington D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ignatius E. Mattingly
14. MOTHER'S MAIDEN NAME: Susan Blair

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) ----------
16. SOCIAL SECURITY No.: ------
17. INFORMANT & ADDRESS: J. Julius Johnson ,, Bushwood, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis
DUE TO
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertensive arteriosclerotic cardiac
DUE TO
(c)

Interval Between Onset And Death: 7 hrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour)
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1954, to Aug 23, 1954, that I last saw the deceased alive on Aug 23, 1954, and that death occurred at 11:30, from the causes and on the date stated above.

SIGNATURE (Degree or title) Roy Guy Chic, M.D. ADDRESS Mechanicsville DATE SIGNED 8/25/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 8/26/54
NAME OF CEMETERY OR CREMATORY Sacred Heart
LOCATION (City, town, or county) (State) Bushwood, Maryland
DATE REC'D BY LOCAL REGISTRAR 8-25-54
REGISTRAR'S SIGNATURE Alan D. Hauser, M.D.
24. FUNERAL DIRECTOR P.B. Robinson::: Leonardtown, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct, age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

AUG 23 1954
BUREAU V. S.

07845

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7848 **CERTIFICATE OF DEATH** Reg. Dist. No. 281

1. PLACE OF DEATH:
COUNTY St Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St Georges Island
LENGTH OF STAY (in this place) 8 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St Georges Island
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) Herman (Last) Jones

4. DATE OF DEATH: (Month) Aug (Day) 28 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Aug 29, 1898
9. AGE last birthday: 55 yrs. If under 1 year: Months 11 Days 29 If under 1 day: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Va West Moreland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Henery Jones
14. MOTHER'S MAIDEN NAME: Frances Ida Sanders

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) —
(If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: 578-05-7351
17. INFORMANT & ADDRESS: Mrs Venona T. Jones St Georges Island Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Coronary hemorrhage	Immediate
	DUE TO	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Coronary sclerosis	5 years
	DUE TO	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 20, 1954, to Aug 28, 1954, that I last saw the deceased alive on Aug 23, 1954, and that death occurred at 11.00 p.m., from the causes and on the date stated above.

SIGNATURE P J Bean Mtn (DEGREE OR TITLE) ADDRESS Great Mills Md DATE SIGNED Aug 30/54

23. BURIAL, CREMATION REMOVAL (Specify): Buried
DATE THEREOF Sept 1-1954
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) Suitland (State) Md
DATE REC'D BY LOCAL REG. Aug 30/54
REGISTRAR'S SIGNATURE P J Bean Mtn Local Registrar
24. FUNERAL DIRECTOR Jos C. Mattingley ADDRESS Leonardtown Md

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

RECEIVED
1 1954
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

7849 CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

07846

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY: St Mary's; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Bloodsworth Landing; MARYLAND; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: District of Columbia; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington; STREET ADDRESS (If rural, give location): 7019 Georgia Ave. N.W.

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) Earl (Last) Lucas

4. DATE OF DEATH: (Month) Aug (Day) 18 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 5-15-1919

9. AGE last birthday: 35 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Indiana

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Not known

14. MOTHER'S MAIDEN NAME: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) If yes, give war or dates of: Yes - World War II

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs Lucas 7019 Georgia Ave N.W. Washington D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Accidental drowning — Interval between onset and death: Immediate

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last: (b) ; (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.:

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH: INJURY ☑

PLACE (Home, farm, factory, street, office bldg., etc.): Patuxent River; (CITY OR TOWN): near Hollywood; (COUNTY): St Marys; (STATE): Md

TIME OF INJURY (Month) (Day) (Year) (Hour): Aug 18/1954 3:30 PM

INJURY OCCURRED While at work ☐ Not while at work ☑

HOW DID INJURY OCCUR? Fell off boat while docking and failed to surface

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: W J Dean MD (Degree or title) ADDRESS: Great Mills Md DATE SIGNED: Aug 18 54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: Aug 20 1954; NAME OF CEMETERY OR CREMATORY: Arlington National; LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG.: Aug 18/54; REGISTRAR'S SIGNATURE: W J Dean MD Local Registrar

21. FUNERAL DIRECTOR: S.H. Hines; ADDRESS: 2901 - 14th St N W Washington, D.C.

AUG
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07847

7850 **CERTIFICATE OF DEATH** Reg. Dist. No. ....

1. PLACE OF DEATH:
COUNTY St Mary's MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Leonardtown
LENGTH OF STAY (in this place) 12 hrs.
HOSPITAL OR ~~INSTITUTION OR~~ STREET ADDRESS St Mary's

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St Mary's
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hollywood
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Henry (Last) Mattingly Sr
4. DATE OF DEATH: (Month) Aug (Day) 14 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH: Feb 12 1882
9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: James Louis Mattingly
14. MOTHER'S MAIDEN NAME: Sally Norris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) —
(If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — Interval Between Onset And Death: 12 hrs
DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis — 10 years
DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. no

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/14, 1954, to 8/14, 1954, that I last saw the deceased alive on 8/14, 1954 and that death occurred at ....., from the causes and on the date stated above.
SIGNATURE (Degree or title) M M D Bond MD
ADDRESS Leonardtown
DATE SIGNED 8/16/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 8-18-54
NAME OF CEMETERY OR CREMATORY St. John's
LOCATION (City, town, or county) Hollywood (State) Md
DATE REC'D BY LOCAL REGISTRAR 8-17-54
REGISTRAR'S SIGNATURE Alan D. Houser M.D.
24. FUNERAL DIRECTOR Jos. C. Mattingly
ADDRESS Leonardtown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 2[illegible]4
BUREAU V. S.

07848

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7851 CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH:
COUNTY St Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Maddox
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Maddox Maryland
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED: (Type or Print) (First) Ellen (Middle) Maud (Last) Mills

4. DATE OF DEATH: (Month) Aug (Day) 28 (Year) 54

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: April 7, 1872
9. AGE last birthday: 82 yrs.
IF UNDER 1 YEAR: Months 4 Days 22
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland Charles
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Jeff Bush
14. MOTHER'S MAIDEN NAME: Eliza Miles

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Truman Mills Maddox Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral thrombosis — Interval Between Onset And Death: 8 d.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying couse last. (b) Arteriosclerotic cardiovascular dis — 10 yrs

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1952, to Aug 28, 1954, that I last saw the deceased alive on Aug 27, 1954, and that death occurred at 3:10 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) J. Roy Guyther, M.D. ADDRESS Mechanicsville, Md DATE SIGNED 8/28/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Aug 31 1954
NAME OF CEMETERY OR CREMATORY Christ
LOCATION (City, town, or county) (State) Chaptico Md

DATE REC'D BY LOCAL REGISTRAR 8/28/54
REGISTRAR'S SIGNATURE Alan D. Houser
24. FUNERAL DIRECTOR Jos C. Mattingley ADDRESS Leonardtown Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct [illegible] is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1954
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

07849

7852 CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 281

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY: St Marys | CITY (If outside corporate limits, write RURAL and OR give nearest town) OR TOWN: Rural Tall Timbers | MARYLAND | LENGTH OF STAY (In this place): — | HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland | COUNTY: St Marys | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda | STREET ADDRESS (If rural, give location): 5609 Roosevelt St.

3. NAME OF DECEASED (Type or Print): (First) Lansing (Middle) Sadler (Last) Wells

4. DATE OF DEATH: (Month) Aug (Day) 8 (Year) 1954

5. SEX: M | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: May 21, 1892 | 9. AGE Last birthday: 62 yrs. | If under 1 year: Months | Days | If under 24 hrs: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Federal Government | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Montana | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown | 14. MOTHER'S MAIDEN NAME: Antoinette Sadler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. — | 17. INFORMANT AND ADDRESS: Marian E. Wells 5609 Roosevelt St. Bethesda, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) Coronary occlusion — 20 minutes

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION — | 19b. MAJOR FINDINGS OF OPERATION — | 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — | (CITY OR TOWN) — (COUNTY) — (STATE) —

TIME OF INJURY (Month) — (Day) — (Year) — (Hour) — m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? —

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE P J Bean (Degree or title) MD ADDRESS Great Mills Md DATE SIGNED Aug 9/54

23. BURIAL, CREMATION REMOVAL (Specify) Cremation | DATE THEREOF 8/12/54 | NAME OF CEMETERY OR CREMATORY Cedar Hill | LOCATION (City, town, or county) Suitland (State) Md

DATE REC'D BY LOCAL REG. Aug 9, 1954 | REGISTRAR'S SIGNATURE P J Bean MD Local Registrar | 24. FUNERAL DIRECTOR Hysong Funeral Home ADDRESS 1300 N. St NW Washington, D.C.

RECEIVED
AUG 12 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

07850

7853

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 2-82

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Saint Mary's; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown, Md.; LENGTH OF STAY (in this place) MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS Saint Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY St. Mary's; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hollywood; STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Warren	Francis	Yates	August	24	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	Single	8/15/84	70 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
saw mill Laborer	Saw Mill	Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Martin J. Yates	Jennie Raley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Unknown	- --------	Ella Y. Herriman ::: Mechanisville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

910.8

Immediate cause (a) FRACTURED SPINAL COLUMN (Lower neck) — 1 hr. & 20 min

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY Woods	(CITY OR TOWN)	(COUNTY)	(STATE)
		Hollywood:::St. Mary's	County:::Md.	

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☒ Not while at work ☐	HOW DID INJURY OCCUR?
8/24/54 12noon		Falling Tree

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE J J Greenwell (Degree or title) M D ADDRESS Leonardtown, Md. DATE SIGNED 8/24/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8/27/54	Saint John's	Hollywood, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8-25-54	Alan D. Hauser M.D.	P. B. Robinson	Leonardtown, Md.

RECEIVED
AUG 26 1954
BUREAU V. S.